

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579971

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3				2		
4			1			
5			1			
6			1			
7			1			
8				4		
9				4		
10				4		
11				4		
12				4		
13				4		
14				4		
15				4		
16				0		
17				0		
18				0		
19			1			
20				2		
21			1			
22				4		
23				4		
24				4		
25				4		
26				4		
27				4		
28				4		
29				4		
30				4		
31				4		
32				4		
33				4		
34				0		
35				0		
36				0		
37				0		
38				0		
39			1			
40				2		
41				2		
42				2		
43				2		
44				2		
45			1			
46				1		
47				0		
48				2		
49				2		
50				2		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				4		
52				4		
53				4		
54				4		
55				4		
56				4		
57				4		
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97						
98						
99						
100						
TOTAL IND.		↓	16	↓		↓
TOTAL DEP.	←		116	←	←	
TOTAL CLAIMS			132			